

NAPA STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM

The Clinical Psychology Internship Program at Napa State Hospital (NSH) offer psychology interns a very rich and multifaceted training opportunity. Located in the beautiful Napa Valley, NSH serves the northern half of the state of California. As of this writing (August, 2001), NSH provides psychiatric treatment for approximately 1100 patients. Approximately 77% of our patients are here on criminal commitments, while 23% have civil commitments. The census is expected to continue to rise as new forensic units are added this year. Currently there are 45 licensed psychologists on staff which provide the intern a large number of potential supervisors who represent a wide range of theoretical orientations. It is possible for each intern to individualize a training program that is focused upon the development of specific clinical skills (e.g., psychodiagnostic assessment, psychotherapy with individuals suffering from schizophrenia or severe personality disorders, forensic psychology).

Our program strives to ensure a balance between clinical training and direct service, thus approximately 25% of the intern's time will be devoted to training and supervision, while the remaining time will be spent learning through clinical practice. Psychodiagnostic assessment training is considered a necessary element in each intern's professional development and is an important aspect of this program.

Napa State Hospital is an Equal Opportunity Employer that actively recruits individuals from diverse cultural and ethnic backgrounds. As such, the hospital staff is as diverse as the population it serves. Cultural and ethnic diversity of the patients and staff provides a training environment where awareness and appreciation of cultural differences can be enhanced. Additionally, the hospital is almost completely wheelchair accessible, thereby accommodating physically challenged patients, staff, and interns. Recognition of the quality, spirit, and tradition of our program is indicated by the fact that it has earned continuous accreditation by the American Psychological Association since 1959.

I. GOALS AND OBJECTIVES

The primary goal of the Clinical Psychology Internship Program is to prepare students for entry level practice in professional psychology. Training experiences are geared toward this general goal as well as the specific interests and needs of the interns. Training is provided in the treatment of patients with severe mental disorders. A focused and intensive training experience with severely disturbed individuals can provide an invaluable foundation which structures and informs one's understanding of the entire spectrum of mental disorders. We strive to train generalist psychologists who can apply skills and abilities obtained here to a wide variety of clinical settings. Specifically, we have identified 5 areas in which interns will achieve entry levels of competence: *individual psychotherapy, group psychotherapy, psychodiagnostic assessment, professional deportment, and role and function of an inpatient psychologist*. Training objectives are further delineated for each goal. Generally stated, at the conclusion of the training year interns will a) be able to assess psychopathology of

varying kinds and plan interventions on an individual and systems level, b) be capable of administering and interpreting psychodiagnostic tests and writing an integrated assessment, and c) have an understanding of the totality of the therapeutic process and be able to assume responsibility for adequate, accountable treatment. Further, it is expected that the intern will have a keen awareness of ethical and legal issues which bear upon treatment of patients who have either civil or forensic hospital commitments. And finally, we anticipate that the intern will have developed a personal-professional identity which will allow him/her to work within the context of an interdisciplinary treatment team. Training is primarily provided in three ways: 1) rotations on units that treat particular patient populations; 2) supervision for specific professional skills, (e.g., psychodiagnostic assessment and psychotherapy), and; 3) seminars.

II TRAINING ACTIVITIES

The first week is allocated to hospital-wide orientation, which entails presentations on the many aspects and procedures associated with life in the hospital community: Patient Rights, Employee Rights, the medical chart as a legal document, CPR, Fire and Life Safety, Management of Assaultive Behavior, and others. The second week is devoted to touring each of the programs that host intern training and introductions to the Psychology Staff. During the third week, interns sort through individual therapy referrals, define their goals for the first rotation, and clarify their preferences for supervisors. At the end of this week, the intern is expected to select a rotation site and supervisor, a supervisor for diagnostic testing, and a supervisor for each individual therapy case.

A. ROTATIONS:

The 12-month internship is divided into two 6-month rotations. A rotation commitment entails 16-20 hours a week on an inpatient unit or in partial hospitalization. Rotations typically involve formal and informal observation of patients, short-term individual psychotherapy, group psychotherapy, multidisciplinary treatment conferences, staff meetings, and milieu activities (e.g., ward government). Almost all of the units at NSH are potential rotation sites and these are described more fully below. Training can be tailored to an intern's interests or needs. Supervision is provided by the psychologist at the site.

B. SUPERVISION

Of the 48 psychologists at Napa State Hospital, 45 are licensed. Most are involved in the internship program and available as supervisors. At any given time, each intern will be working with five or six supervisors: a rotation supervisor, a psychodiagnostic assessment supervisor, and several individual therapy supervisors. The intern meets with each supervisor once a week and more if desired or needed. The Director of Training works with each intern in the selection of the supervisors for each rotation, and in the selection of long-term psychotherapy cases.

Interns are expected to complete a minimum of twelve psychodiagnostic assessments during the internship year. Testing cases are selected from the Hospital-wide referral pool. When appropriate, an attempt is made to correlate rotation site and testing cases.

Each intern meets weekly with their psychodiagnostic assessment supervisor and has two different psychodiagnostic assessment supervisors during the year. Supervisors can be selected on the basis of a special interest in a test instrument, such as the Rorschach or MMPI. Supervision and training in neuropsychological assessment is also available for interns. Interns have the opportunity to acquire or refine skills in neuropsychological testing, to discern the effects or complications of brain dysfunction, and to learn appropriate treatment and rehabilitative options. Depending on the intern's interest and skill in this area, neuropsychological training can range from simply developing basic neuropsychological screening skills to completing several full neuropsychological assessment batteries. As this is a generalist training program, interns will be expected to demonstrate competency in cognitive/emotional assessment before they can obtain specialized training in neuropsychological assessment.

Interns are expected to carry three to five long-term psychotherapy cases. Long-term patients are typically seen one or two times a week. These cases can be selected from anywhere in the hospital and thus may reflect a broad or narrow range of psychopathology. A specific supervisor is chosen for each case and supervision occurs on a weekly basis. Theoretical orientations of the staff are varied. A representative sample of our staff's orientations include: Psychodynamic (Drive Theory, Ego Psychology, Object-Relations, and Self-Psychology) Jungian, Existential, Interpersonal, Gestalt Therapy, Cognitive-Behavioral, Social Learning, Behavior Modification, and Functional Behavior Analysis. In addition to long-term psychotherapy, interns may provide short-term therapy to patients at their rotation site. Short-term therapy is usually employed for circumscribed problems. Supervision of short-term therapy cases and psychotherapy groups at the rotation site is generally provided by the rotation supervisor. Interns may also provide brief psychotherapy to hospital employees through our Employee Assistance Program (EAP). Staff members with an interest and expertise in brief psychotherapy are typically chosen as supervisors for EAP cases. Family therapy cases are sometimes available as well. Interns would typically select an additional supervisor with experience in this area.

C. SEMINARS

There are three seminars each of which meet for 1 1/2 hours weekly. They are as follows:

1. Psychodiagnostic Assessment Seminar

A variety of assessment approaches and instruments are examined in depth and explored as to their usefulness with various psychological disorders. The format of the seminar is divided between a didactic component and group supervision of psychological assessment data gathered by interns. A special segment of the seminar is devoted to tests which measure neuropsychological functions.

2. Psychotherapy Seminar

The focus of this seminar is the theory and practice of psychotherapy. During this seminar, staff psychologists describe particular theoretical orientations, including psychodynamic, cognitive-behavioral, existential, and so forth, and their application to this patient population. Other seminars focus on the treatment of specific types of patients (e.g., the schizophrenic patient, the borderline patient, the affectively disordered patient, the potentially assaultive patient). Other topics included in this seminar include several presentations on cultural issues which bear upon psychiatric treatment, psychotropic medications, etc. This seminar also alternates between didactic presentations and a psychotherapy case conference format.

3. Professional Issues

This seminar has several functions. One is to create an environment where interns are able to process various aspects of their training experience. To this end, interns define the agenda during the initial portion of the seminar. In the past, interns have discussed such topics as adjustment to working with severely disturbed patients, the role of a psychologist, developing a professional identity, and working as a member of an interdisciplinary team. This seminar also includes a 6-week module on Legal and Ethical Issues, and a 12-week module on Forensic Issues. Topics covered in the Forensic Issues module include the laws regarding competency, the insanity defense, expert testimony, and civil commitment. The Director of Training chairs this seminar.

D. ADDITIONAL TRAINING OPPORTUNITIES

The Professional Library subscribes to nearly 120 journals, including the American Journal of Child and Adolescent Psychotherapy, American Journal of Clinical Hypnosis, American Psychologist, Bulletin of the Menninger Clinic, Child Development, Clinical Neuropsychologist, Family Process, Gerontologist, International Journal of Psycho-analysis, Journal of Abnormal Psychology, Journal of Analytical Psychology, Journal of Applied Behavior Analysis, Journal of Clinical Psychology, Journal of Consulting and Clinical Psychology, Journal of Personality Assessment, Journal of Studies on Alcohol, Psychoanalytic Quarterly, and Schizophrenia Bulletin. There is an annual budget for purchasing books, videotapes and audio tapes. For interns interested in performing literature reviews for topics of special interest, the Professional Library offers the computer search services of PsychINFO and Medline.

NSH provides training for students in a variety of other disciplines as well. These include interns in social work, the rehabilitation therapies (art, music, occupational, and recreation), dietetics, teachers of special education, and student nurses. This provides for the possibility of the interchange of ideas and experiences.

The Psychology Education Committee is active in arranging presentations for the Psychology Staff and Psychology Interns. Licensed psychologists on staff have a mandatory continuing education requirement of 18 hours per year. As such, the entire staff is invested in the development of a high quality continuing education program.

The Department of Professional Education schedules the weekly Grand Rounds presentation and brings in speakers and videotapes. Specialists from the San Francisco Bay Area and the nation are featured. In addition, the Training Department also schedules a range of workshops relevant to work at a State Hospital.

Interns participate in two or three field trips each year. The location of these trips is usually determined by the particular interests of the intern group. Sites visited in the past include acute care hospitals, day treatment centers, residential treatment programs, a high security penal institution, and a state facility for the criminally insane. The primary purpose of these trips is to learn about the treatment programs in each setting, and the variety of roles and functions of psychologists in each facility.

The intern, upon approval of the Director of Training, may attend professional workshops and conventions (e.g., the Western Psychological Association Convention, the Society for Personality Assessment Meeting, the American Psychological Association Convention).

Computers are available to aid interns with their clinical work. We currently have one IBM clone with a word processing program (Microsoft Word) and programs for interpreting the MMPI-1, MMPI-2, MMPI-A, the Rorschach, and the Millon Clinical Multiaxial Inventory-3 among others.

III. EVALUATION OF INTERN PERFORMANCE

Supervision and feedback is viewed as a mutual and on-going process and takes place on several levels. Formal evaluations occur in the middle and at the end of each rotation period. They are intended to be a learning and growth experience.

1. Each intern meets regularly with the Director of Training to discuss experiences, interests, needs, satisfactions, and dissatisfactions with the current rotation.
2. Training supervisors meet monthly to evaluate whether the training program is effectively addressing each intern's training needs, as well as to review the progress of each intern. Regarding the latter, areas of particular strength and areas requiring more attention for continued professional development are identified. Formal rotation evaluation meetings occur in the middle and at the end of each rotation period. At these meetings, each intern meets with all of their supervisors to review their progress in the program.

3. At the end of each rotation, all supervisors are also asked to complete a written evaluation of their intern's performance and to discuss this evaluation with the intern. Concurrently, each intern is asked to evaluate each supervisor.
4. At the conclusion of each rotation, the Director of Training summarizes the supervisory evaluations of each intern and forwards these to the Clinical Director of each intern's respective graduate program.
5. At the end of the year, interns are asked to complete evaluations of the internship program and Director of Training. These evaluations are discussed with the Director of Training in individual meetings and with the internship class as a group. Supervisors are also asked to evaluate the internship program in writing and make suggestions for future modifications.
6. Interns are awarded Certificates of Completion at the conclusion of the internship program.

IV. NATURE OF THE POSITION

1. Four fully-funded positions are available, starting September 1 and continuing for a full year.
2. A stipend of \$27,189, is for who have completed three years of academic work, comprehensive examinations, the language requirement (if any) and 1000 hours of professional experience. Those interns who have not completed all of these requirements will receive approximately \$120.00 less per month.
3. Medical insurance or managed care programs for the intern and his or her immediate family is provided at no charge or minimal charge, depending upon the program selected.
4. Thirteen sick days and ten and one half vacation days are available. The State also observes thirteen holidays. Paid Educational Leave is also available.

THE PATIENT POPULATION

In 1969, California enacted legislation which shifted responsibility for planning and delivery of psychiatric services to the counties and Napa State Hospital emerged as the only full service state treatment facility in the northern half of the state. In general, with the exception of 72-hour emergency detentions, voluntary hospitalizations must be approved by county mental health departments and involuntary admissions must be authorized by county Superior Courts. The counties rely on Napa State Hospital for the treatment of: a) severely ill patients requiring more than brief care, b) patients who pose management problems, and c) patients needing special services that a county cannot provide. A broad variety of cultural and racial backgrounds are represented. Of the 1100 people who are currently patients, approximately 23% are African-American, 16% are Hispanic, and 5% are Asian, Filipino or Pacific Islanders.

Patients at Napa State Hospital can be divided into two broad categories. These include patients with civil commitments and those with criminal commitments. These broad categories are composed of smaller patient groups, each of which are treated on different units which address the specific treatment needs of each subgroup. Patients who are civilly-committed are divided as a function of their age, gender, diagnostic category, level of functioning or acuity, or their special needs (i.e., Hearing Impaired, Acute/Receiving). Criminally-committed patients are primarily divided into two groups. These include patients who are Incompetent to Stand Trial (PC 1370) and Not Guilty By Reason of Insanity (PC 1026). Each of the programs or treatment units noted above are further described below. Each are typically available to interns as rotation sites unless otherwise indicated.

I. CIVIL COMMITMENTS

A. MALE OR FEMALE INPATIENT UNITS:

All-male and all-female inpatient units are available as rotation sites. Typically, all patients are county conservatees who are too severely disturbed to be treated in locked facilities or board and care homes in their home county. The primary diagnoses of these patients range from psychotic disorders to severe personality disorders. A program of treatment groups including group therapy, chemical dependency, anger management, social skills, among others, are typically offered.

B. THE PARTIAL HOSPITALIZATION PROGRAM:

Napa State Hospital is fully engaged in the development of a Bio-Psycho-Social Rehabilitation (BPSR) Treatment Program. BPSR is a consumer-driven model of mental health care. Needs and goals identified by the “consumer,” in consultation with his/her county, family and hospital service providers, play a much larger role than they do in the traditional medical model. A cornerstone of the BPSR model is the focus upon improving functional living skills by reinforcing and expanding the strengths of the consumer. A continuum of supportive care provides levels of structure and support matched to consumer needs which foster the development of these skills. Consumers move from hospital services with maximal to minimal levels of support as they become increasingly self-directed and autonomous. Consumers can move in both directions along the continuum as the need arises. As such, consumers can move from locked to unlocked units. In addition to traditional treatment groups (i.e., group therapy, anger management, chemical dependency), consumers participate in and practice such activities as cooking and riding the city bus. The groups are provided off unit using a “day-treatment” format, typically from 8:30 to 12:30 each day.

C. THE ACUTE/ RECEIVING UNIT:

This unit provides treatment services for patients needing acute care. The Acute/Receiving Unit also provides short-term acute services to several local counties, where patients may stay for as little as several days. Patients on this unit present with a wide range of psychopathology. They receive

treatment in a daily program of groups and in individual psychotherapy. The average length of stay is 60 days.

D. HEARING IMPAIRED AND DEAF UNIT:

Hearing impaired adults receive treatment services on this unit and many staff are skilled in the use of American Sign Language. In addition to traditional in-patient treatment groups, the following services are also provided: speech, language, and educational assessments, deaf culture and sign language classes, vocational and prevocational skills training, and interpreter services.

E. THE GEROPSYCHIATRIC TREATMENT PROGRAM:

The Geropsychiatric Program provides assessment and treatment for patients over 55 years of age, except those with serious medical conditions who are placed in the Continuing Medical Care Program. In addition to the psychological disorders found among the general Hospital population, these patients may present with problems associated with increasing age, such as decreased vitality, competency, and losses. Partial Hospitalization services are delivered at a small, home-like Satellite House.

The most prominent goals of the Geropsychiatric Program are: 1) the reduction or elimination of severe emotional distress and maladaptive behavior, 2) the enhancement of each patient's sense of interpersonal relatedness and meaning in life, and 3) the preparation of each patient for community re-entry to the least restrictive living setting possible. The most common interventions provided by psychologists are individual and group psychotherapy, family therapy, and behavior modification.

F. THE CONTINUING MEDICAL CARE PROGRAM

This program is a 24-hour skilled nursing care program serving approximately 40 adult patients. The average age of the patient population is 64 years, ranging from 20 to 90 years. The majority of patients served have a chronic medical diagnosis superimposed over a long history of mental illness. Most of the program's patients carry a psychiatric diagnosis of chronic Schizophrenia or Organic Brain Syndrome. The major medical diagnoses include Huntington's Chorea, Alzheimer's Disease, Traumatic/Post-Intoxication Syndrome, Spinal Cord Injury, Head Trauma, Obstructive Pulmonary Disease, and cardiovascular conditions. Other medical/living problems which require continuous supportive skilled nursing care on a 24-hour basis are: 1) quadriplegics or patients with severe paralysis or severe contractures, 2) patients who have the need for extensive to total assistance with activities of daily living such as bathing, dressing, walking, feeding, toileting, and hygiene and grooming. The psychologist in this program serves primarily as a consultant. This program is not available as a rotation site for interns because the interventions employed with these patients are primarily medical rather than psychological in nature.

II. CRIMINAL COMMITMENTS

The Forensic Programs at Napa State Hospital provide treatment to mentally ill patients who violated California's penal code. Patients usually enter the Forensic Programs by one of three paths: a) courts authorize admissions for some persons who are judged unable to participate in their legal defense or to patients who are not guilty by virtue of mental illness at the time of their offense, b) transfer from more secure facilities due to readiness for a less restrictive setting as the next step of treatment, and c) returned from outpatient treatment (Conditional Release Program) because of poor compliance with their treatment plan.

A. THE PC 1026 PROGRAM (NOT GUILTY BY REASON OF INSANITY)

Patients in this program have been adjudicated Not Guilty By Reason of Insanity. The overall goal for these patients is improvement to the point that they gain admission or re-admission to the Conditional Release Program which coordinates return to the community. The PC 1026 patients are treated on ten locked units, and three open units. One of these units is a Geropsychiatric PC 1026 unit and three of the units are co-ed. Movement between the open and locked units is based on level of functioning and trustworthiness. In addition to traditional individual and group psychotherapy services, psychologists conduct assessments of competence and dangerousness, write reports and testify in court, and design specific intervention plans. A broad range of rehabilitative and recreational therapy services are offered as well.

B. THE PC 1370 PROGRAM (INCOMPETENT TO STAND TRIAL)

This program provides evaluation, treatment, and care for PC 1370 patients. These individuals have committed a criminal offense but, because of impairments associated with serious mental illness, have been found incompetent to stand trial. As a result, treatment for these patients has a psychoeducational emphasis designed to enable them to understand the nature of the criminal proceedings against them and to meaningfully participate in their own defense. These patients, who are typically diagnosed with schizophrenia and/or personality disorders, and substance abuse/dependence, are generally treated for a 6 to 9-month period. Psychologists on this unit prepare competency assessments, determine disposition of patients and provide psychoeducational and psychotherapy services. The PC 1370 patients are treated on four locked units.

C. THE FORENSIC RESEARCH UNIT

Due to open in September, 2001, this new unit will be administered by the Department of Psychiatry, University of California, Davis, and by the Biopsychology Research and Treatment Center at Napa State Hospital. This unit will coordinate forensic research at the hospital, with a particular emphasis upon neuropsychology assessment research.

(Please note: Napa State Hospital is a treatment facility. As such, psychology staff and interns do not conduct pre-trial evaluations (e.g. N.G.I. and Competency Evaluations). Interns will have an opportunity to conduct a range of forensic evaluations that pertain to treatment (e.g. restoration to competency, risk assessments).

IV. HOSPITAL-WIDE SERVICES

A. THE BEHAVIORAL CONSULTATION TEAM:

The Psychology Department provides a hospital-wide consultation service to assist treatment teams in their work with difficult behavior management cases. The four psychologists who provide these services possess skills in psychological assessment and behavioral analysis, as well as in consultation. Behavior plans function both to manage behavior harmful to self and others as well as to provide patients with the structure and support needed to achieve treatment goals. Interns have spent from 2 hours up to 10 hours per week with the Behavioral Consultation Service.

B. THE CHEMICAL DEPENDENCY EDUCATION PROGRAM (CDEP):

CDEP is a day treatment program for Napa State Hospital patients whose psychological difficulties are compounded by substance abuse. Patients participate in a program of Biopsychosocial Rehabilitation Groups, 12-Step and/or Rational Recovery Meetings, and individual and group psychotherapy in the context of a small supportive therapeutic community (usually 14-18 patients). All patients who are accepted into this program participate in an Intensive Treatment Phase, followed by an Aftercare Phase. Graduates of this program may choose to continue their involvement as part of an on-going Maintenance Phase. A long-term goal of this program is to have each patient develop an individualized relapse prevention plan which recognizes their dual diagnosis status.

C. THE MEDICAL ANCILLARY SERVICE:

The Medical Ancillary Service is a hospital within a hospital, serving the acute medical and surgical needs of our patients. The service consists of a Special Care Unit, Medical Clinics, Laboratories, and support services that serve the entire hospital. The program is designed to meet licensing standards for General Acute Care Services. A psychologist is not regularly assigned to this program so it is not available as a rotation site. However, psychologists have been called upon for consultation with special patients.

D. THE EMPLOYEE ASSISTANCE PROGRAM:

This program provides short-term psychotherapy to hospital employees and their families. This may take the form of individual, couples, or family therapy.

THE HOSPITAL COMMUNITY

The campus covers roughly 2,000 acres and includes a sheltered workshop, a store/cafe, a patient library and a professional library, picnic areas, camp grounds near a small lake, a baseball diamond, a tennis court, and many other conveniences. There are over 1,200 staff providing direct care services and once a month the Executive Director holds an open forum for interested staff to exchange ideas.

The Community Council, a hospital-wide patient government meeting, occurs monthly. This group consists of patients representing the various areas of the hospital. The Council explores matters relating to the general quality of life at the hospital.

The Alliance for the Mentally Ill (AMI) serves as a source of information exchange and support group for patients and their families.

THE NAPA COMMUNITY

NSH is situated on the outskirts of Napa, a city of roughly 65,000 occupants, in the rolling hills of the Napa Valley wine country. The schools in the area are good, and there are number of after-school and day-care centers for children of working parents.

The climate is temperate. Fall and spring days are pleasant and summer days are warm, with three or four brief heat waves during the summer. The temperatures during summer nights range between 50 and 55 degrees. The rainy season begins in late November, with little or no rain after April. Winter day temperatures fluctuate between 50 and 65 degrees, with evening temperatures rarely dropping below 32 degrees between mid-December and March.

Apartments, duplexes, and houses are readily available in Napa. Most rentals are unfurnished, but come with a refrigerator and stove. A modern, one bedroom, unfurnished apartment is \$900+ per month; one bedroom, furnished is available for \$1000+ per month. Three bedroom, 2 bath homes average \$1200 - \$1600 per month. Despite the fact that housing is available within walking distance to the Hospital, a car is essential in this community. Hospital staff do commute varying distances, with the majority carpooling from adjacent municipalities. Dormitory housing on grounds is available to interns at no cost.

Some of the many leisure and recreational activities in the immediate and not-too-distant areas are:

In the Napa Valley Area:

?? Many award-winning restaurants;

- ?? Tours of the over 200 famous Napa Valley Wineries and tasting rooms, which may include a relaxing picnic lunch;
- ?? Balloon rides over the valley provide a unique vantage point to survey the wine country;
- ?? Bicycle riding along valley backroads is a popular pastime;
- ?? Nearby Calistoga, home of mineral water and hot springs, offers natural spas, mineral baths, mudbaths, shops, restaurants, and sailplane rides;
- ?? Several public golf courses, swimming pools, tennis courts, horseback riding, fishing and hiking areas, softball leagues, and campgrounds provide outdoor recreational activities;
- ?? The local symphony, Pretender's Playhouse, and several choral and theater groups invite attendance at, and even participation in, productions;
- ?? Napa Valley College, a community college, offers a variety of cultural, recreational and social activities;
- ?? The high schools and Napa Valley College offer courses in arts and crafts, foreign languages, wine appreciation, computer programming, and physical activities (e.g., swimming, racquetball, aerobics, Tai Chi, yoga and meditation);
- ?? There are several art shows held annually in local galleries and parks;
- ?? Several wineries host annual summertime festivities, including outdoor jazz, pop and classical concerts featuring top-name entertainers;
- ?? There are many active charitable, social, recreational and/or professional organizations and clubs;
- ?? Marine World/Africa USA, carnivals, fairs, and family fun centers featuring miniature golf, paddle boats, arcades, and picnic areas provide entertainment for the whole family.
- ?? Nearby San Francisco (52 miles away) offers a wealth of cultural, educational and recreational activities as well.

An Hour or Less Away by Car from Napa:

Berkeley - 40 miles south; Lake Berryessa - 20 miles northeast, Mt. Tamalpais - 45 miles southwest, Muir Woods - 40 miles southwest, Sausalito - 40 miles southwest, and Sacramento - 60 miles west.

Other Areas of Interest:

?? The rugged Sonoma Coast is 50 miles away,
?? The Santa Cruz Beach and Boardwalk area is 120 miles southwest,
?? Monterey and Carmel, gateway to Big Sur, are about 30 miles further down Highway 1,
?? Picturesque Mendocino on the Northern California coast is approximately 180 miles away,
?? Many ski resorts are within three to five hours drive from Napa,
?? Lake Tahoe is roughly 175 miles east,
?? Reno is about 240 miles east, and
?? Yosemite National Park is 250 miles southwest.

DIRECTIONS TO NAPA STATE HOSPITAL'S PSYCHOLOGY BUILDING

From San Francisco:

Travel east on I-80
Exit on Highway 37 (marked with "Napa" sign)
Drive 2 1/2 miles
Turn right on Highway 12/29 (also called Sonoma Boulevard)
Drive 6 1/2 miles until the "Y" split in the road
Follow the directions below**

From Sacramento:

Travel west on I-80 Exit Highway 12 West (marked with "Napa" sign)
Drive 6 miles until the road reaches a "T"
Turn right on Highway 12/29
Drive 1 1/2 miles north to the "Y" split in the road
Follow the directions below**

From the East Bay:

Travel north on I-680
Exit on I-80 West
Exit Highway 12 West (marked with "Napa" sign)
Drive 6 miles until the road reaches a "T"
Turn right on Highway 12/29
Drive 1 1/2 miles north to the "Y" split in the road
Follow the directions below**

**After the "Y" Split:

Take the right-hand fork which directs you toward Napa
Drive 2 1/2 miles north to Napa State Hospital

Turn right at the main entrance

The Psychology Building is the last building on the left of the entrance boulevard

Park in any convenient location and enter the Psychology building at the door marked “Psychology Offices”

PROCEDURE FOR APPLICATION

A. ADMISSION CRITERIA

1. Applicants must be enrolled in a doctoral program in clinical psychology in a university/program that requires a year of pre-doctoral internship to fulfill requirements for the doctoral degree. Applicants from A. P.A.-approved programs are preferred.
2. All requirements for the degree, with the exception of the dissertation, and, of course, the internship, must be completed. You must be “ready for internship” by our application deadline. Your readiness must be documented by a letter from your Director of Clinical Training as part of our application process.
3. Preference will be given to students with a basic background in theories of personality and psychopathology, psychological assessment, and psychotherapy. The extent of the practicum experience will also be evaluated.
4. While the C.P.I.P. provides a well-rounded internship experience, it is strongest in its ability to develop assessment and intervention skills with severely disturbed individuals and may, therefore, give preference to those individuals wanting to augment their training with this type of experience.

Napa State Hospital is an Equal Opportunity Employer
and minorities are encouraged to apply

B. OBTAINING AN APPLICATION

1. Address application material to:

Richard Lesch, Ph.D.
Psychology Internship Director
Department of Psychology
Napa State Hospital
2100 Napa Vallejo Highway
Napa, CA 94558-6293

Material may also be faxed to Psychology Services, Napa State Hospital at (707) 253-5341.

2. *The completed A.A.P.I. application form and all supporting materials must be in our hands by, Wednesday, November 15, 2001.*

If you include a self-addressed stamped postcard, we will notify you that we have received your application materials. A.A.P.I. applications will only be available through the APPIC Web site. That address is: <http://www.appic.org/>. We adhere to the APPIC and APA policies and procedures regarding offers and acceptances.

APPLICATION INSTRUCTIONS

Submit a current vita.

Complete the AAPI application form. In addition, to the standard AAPI application, we require that you answer one additional essay question in 200 words or less.

- 1) Please describe how your interest in clinical psychology developed.

Request that copies of all graduate school transcripts to be forwarded directly from the graduate institution to us.

Arrange to have three letters of recommendation sent to us.

Have your Director of Clinical Training complete the Verification of Internship Eligibility and Readiness Form, which is included in the AAPI.

Complete the State of California Examination And/Or Employment Application Form. To obtain this form, return to the Home Page of the DMH Website, and click Job Openings. Then scroll down to State Applications Form (letter F). Please complete this form completely, even though much of this information is probably already included in your vita.

SELECTION PROCEDURE

All application materials will be reviewed and rated by the Psychology Internship Advisory Committee. Applicants who receive the highest rankings will be invited for an in-person interview. Interviews will be conducted in January, 2002, and will include an orientation to our training program, meeting with our current interns, and hospital tour.

NAPA STATE HOSPITAL
Psychology Internship Program
Intern's Graduate Programs

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| 2001-02 | California School of Professional Psychology/ Fresno Chicago School of Professional Psychology Ferkauf Graduate School of Psychology/ Yeshiva University |
| 2000-01 | Florida School of Professional Psychology Florida State University University of Montana State University of New York at Stonybrook |
| 1999-2000 | University of Texas, Austin University of Alabama California School of Professional Psychology/Los Angeles California School of Professional Psychology/Alameda |
| 1998-99 | Baylor University University of Denver California School of Professional Psychology/Fresno University of Tulsa |
| 1997-98 | Baylor University Emory University Pepperdine University Rosemead School of Psychology |
| 1996-97 | Wright Institute |

Antioch New England Graduate School
 California School of Professional
 Psychology/Alameda
 Gallaudet University
 Wright Institute

1995-96

Baylor University
 California School of Professional Psychology/San
 Diego
 University of Wyoming
 Wright Institute

NAPA STATE HOSPITAL PSYCHOLOGY STAFF

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